

**PART B - FEE(S) TRANSMISSION**

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (571)273-2885

1615311/CT2689. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Block 1 through 5 should be completed when appropriate. All further correspondence including the transmittal address and notification of substantive issue will be mailed to the current correspondence address as indicated unless otherwise directed below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESSE" for substantive fee notifications.

CURRENT CORRESPONDING ADDRESS (Name, Vir Block 1 for any change of address)

21586

7595

10/27/2009

**VINSON & ELKINS, L.L.P.**  
**FIRST CITY TOWER**  
**1001 FANNIN STREET, SUITE 2500**  
**HOUSTON, TX 77002-6760**

Note: A certificate of mailing can only be used for the domestic mailings of the fee(s) transmittal. This certificate cannot be used for any other correspondence, including paper. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that the above transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                       |
|-----------------------|
| Deposited in envelope |
| _____<br>Signature    |
| _____<br>Date         |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR   | ATTORNEY DOCKET NO.  | CONFIRMATION NO. |
|-----------------|-------------|------------------------|----------------------|------------------|
| 10/098,790      | 03/1/2004   | Sadie Malakoune Jolley | REIA9444-002US/51600 | 5605             |

TITLE OF INVENTION: DERIVATION OF TERMINALLY DIFFERENTIATED DOPAMINERGIC NEURONS FROM HUMAN EMBRYONIC STEM CELLS

| APPLN. TYPE      | SMALL ENTITY | ISSUE FEE DUE  | PUBLICATION FEE DUE | PRIOR PAID ISSUE FEE | TOTAL FEE DUE | DATE DUE   |
|------------------|--------------|----------------|---------------------|----------------------|---------------|------------|
| nonprovisional   | YES          | \$755          | \$360               | \$0                  | \$1115        | 01/15/2010 |
|                  |              |                |                     |                      |               |            |
| EXAMINER         | ART UNIT     | CLASS-SUBCLASS |                     |                      |               |            |
| GAMETT, DANIEL C | 1647         | 435-377600     |                     |                      |               |            |

|   |   |
|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36). | 2. Filing on the patent from page, line _____<br>(1) the name of up to 3 registered patent attorneys or agents OR, alternately, _____<br>(2) the name of a single firm having as a member a registered patent attorney or agent and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  |
| 3. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36). | 4. Payment of fees (Please list any previously paid fees in the shown above):<br><input checked="" type="checkbox"/> A check is enclosed.<br><input checked="" type="checkbox"/> Payment by credit card. Form PTO-208 is attached.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fees, any deficiency, or credit any overpayment, in Deposit Account Number _____ (enclose an extra copy of this form). |

5. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type):  
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as both in 37 CFR 3.11. Completion of this form is NOT a substitute for filing as assignment.

(A) NAME OF ASSIGNEE

Reliance Life Sciences Pvt. Ltd.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)  
 Mumbai, Maharashtra, India

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  Corporation or other private group entity  Government

6a. The following fee(s) are submitted:

Issue fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies \_\_\_\_\_

6b. Payment of fees (Please list any previously paid fees in the shown above):

A check is enclosed.

Payment by credit card. Form PTO-208 is attached.

The Director is hereby authorized to charge the required fees, any deficiency, or credit any overpayment, in Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

7. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(4).

NOTE: The Issue Fee and Publication Fee (if required) will not be assessed from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature



Date 1-15-2010

Typed or printed name

Margaret J. Sampson

Registration No. 47,052

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public, which is to be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 1.14. This information is mandatory to receive a patent or to renew, extend, or maintain a patent, including granting, prosecuting, and maintaining the application. Form PTO-208 is required for the USPTO. This form will be used in the individual case. Any comments or the amount of time you require to complete this form, including suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.